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Substitute for form 1449/PTO	Compl te if Known				
	Application Number				
INFORMATION DISCLOSURE	Filing Date				
	First Named Inventor	POWERS, Christopher			
STATEMENT BY APPLICANT (Use as many sheets as necessary)	Art Unit				
	Examiner Name				
2001 1 01 1	Attorney Docket Number	P00513-US-02			

Examiner Initials*	Cite No. ¹	Document Number Number-Kind Code ^{2 (f known)}	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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Examiner Initials*	Cite No.1	Foreign Patent Document	Publication Date	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages	-6
	-	Country Code ³ -Number ⁴ -Kind Code ⁵ (if known)	MM-DD-YYYY		Or Relevant Figures Appear	
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